OMB No. 1510-0007 Expiration Date 1-31-93

(Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

## **DIRECT DEPOSIT** SIGN-UP FORM

#### **DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections I and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### **SECTION 1** (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS					
ADDRESS (atmost mouto P.O. Roy APO/EPO)	E DEPOSITOR ACCOUNT NUMBER						
ADDRESS (street, route, P.O. Box, APO/FPO)			<u> </u>				
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check one Social Security	ly one) Fed Salary/Mil. Civil	ian Pay			
TELEPHONE NUMBER	Supplemental Security Income Mil. Active						
AREA CODE		Railroad Retirement Civil Service Retirement (OPM)	Mil. Retire Mil. Survivor				
B NAME OF PERSON(S) ENTITLED TO PAYMENT		VA Compensation or Pension	Other —	(specify)			
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT O	F PAYMENT ONLY (if applica	. 1 057			
	!	TYPE	AMOUNT	,			
	Suffix						
PAYEE/JOINT PAYEE CERTIFICA	TION	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)					
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.					
SIGNATURE	DATE	SIGNATURE		DATE			
SIGNATURE	DATE	SIGNATURE		DATE			
SECTION 2 (TO BE C	OMPLETED BY	Y PAYEE OR FINANCIAL	L INSTITUTION)				
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY ADDRES	S				
SECTION 3 (T(	BE COMPLET	ED BY FINANCIAL INST	TITUTION)				
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK			
				DIGIT			
		DEPOSITOR ACCOUNT	TITLE				
	FINANCIAL INSTIT	UTION CERTIFICATION					
I confirm the identity of the above-named payee(s) tify that the financial institution agrees to receive and	and the account number	ber and title. As representative of					
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRE	ESENTATIVE	TELEPHONE NUMBER	DATE			

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

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### **SECTION 1** (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)	D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS						
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER			$\neg \neg$		
7.52.1.200 (street, reality 1.10.1.2011, 1.11.0/1.1.0/							
CITY STATE	ZIP CODE	F TYPE OF PAYMENT ( Social Security	(Check only	· —	alary/Mil. Civil	an Pay	
TELEPHONE NUMBER		Supplemental Security	/ Income	_	tive		
AREA CODE		Railroad Retirement Civil Service Retireme	ent (OPM)	=	ırvivor		
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		□ VA Compensation or Pension     □ Other    □					
C OLAIM OR DAVIDOLL ID NUMBER		G THIS DOV FOR ALLO	TMENT OF	DAYMENT ON	V (:C1:1	(specify)	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applic				ote)	
Prefix S	uffix	TIFE			AMOUNT		
PAYEE/JOINT PAYEE CERTIFICA	ΓΙΟΝ	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)					
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.					
SIGNATURE	DATE	SIGNATURE				DATE	
SIGNATURE	DATE	SIGNATURE				DATE	
SECTION 2 (TO BE C	OMPLETED BY				TON)		
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY	/ ADDRESS	;			
SECTION 3 (TO	BE COMPLET	ED BY FINANCIA	L INST	ITUTION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUM	MBER			CHEC DIGI	
				H			
		DEPOSITOR A	CCOUNT T	TITLE			
	FINANCIAL INSTIT	UTION CERTIFICATION	N				
I confirm the identity of the above-named payee(s) a tify that the financial institution agrees to receive and	and the account numb	per and title. As represe	ntative of t				l cer-
PRINT OR TYPE REPRESENTATIVE'S NAME							

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### **SECTION 1** (TO BE COMPLETED BY PAYEE)

$\bullet$ NAME OF PAYEF (last first middle initial)		4				
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS				
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER				
ADDRESS (SIECE, TORIC, 1.0. DOS, 111 0/1. 0)	ļ					
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only Social Security	Fed Salary/Mil. Civil	•		
TELEPHONE NUMBER		Supplemental Security Income	Mil. Active			
AREA CODE	Į.	Railroad Retirement	Mil. Retire			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		Civil Service Retirement (OPM)  VA Compensation or Pension	Mil. Survivor			
				(specify)		
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF	PAYMENT ONLY (if applica	ble)		
	Į.	TYPE	AMOUNT			
Prefix Suf	ıffix					
PAYEE/JOINT PAYEE CERTIFICATI	ION	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)				
I certify that I am entitled to the payment identified have read and understood the back of this form. In authorize my payment to be sent to the financial below to be deposited to the designated account.	signing this form. I	I certify that I have read and u the SPECIAL NOTICE TO JOIN	understood the back of this	s form, including		
SIGNATURE	DATE	SIGNATURE		DATE		
SIGNATURE	DATE	SIGNATURE		DATE		
SECTION 2 (TO BE CO						
——————————————————————————————————————	OMPLETED BY	/ PAYEE OR FINANCIAL	INSTITUTION)			
GOVERNMENT AGENCY NAME	OMPLETED B\	/ PAYEE OR FINANCIAL GOVERNMENT AGENCY ADDRESS	·			
GOVERNMENT AGENCY NAME SECTION 3 (TO		GOVERNMENT AGENCY ADDRESS	5			
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY ADDRESS	5	CHECK DIGIT		
GOVERNMENT AGENCY NAME SECTION 3 (TO		GOVERNMENT AGENCY ADDRESS	5			
GOVERNMENT AGENCY NAME SECTION 3 (TO		GOVERNMENT AGENCY ADDRESS				
SECTION 3 (TO I	BE COMPLETI	GOVERNMENT AGENCY ADDRESS  ED BY FINANCIAL INST  ROUTING NUMBER  DEPOSITOR ACCOUNT T				
SECTION 3 (TO I	BE COMPLETE  FINANCIAL INSTITUTE  Ind the account number	GOVERNMENT AGENCY ADDRESS  ED BY FINANCIAL INST  ROUTING NUMBER  DEPOSITOR ACCOUNT TO  UTION CERTIFICATION  ber and title. As representative of the second s	TITLE	institution, I cer-		

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